

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Congressionnal Agenda Millenium

ADDRESS (number and street)

3220 N Street

suite 178

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20007

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIPCODE

C00151282

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☒July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John R Wagley

Signature of Treasurer

Electronically Filed by John R Wagley

Date

08

28

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Congressional Agenda Millenium

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		7355.19
(b) Cash on Hand at Beginning of Reporting Period .....	3839.19	
(c) Total Receipts (from Line 19) .....	10937.00	11137.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	14776.19	18492.19
7. Total Disbursements (from Line 31) .....	8783.00	12499.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5993.19	5993.19
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	27565.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Congressional Agenda Millenium

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 6

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7500.00	7500.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	3437.00	3637.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	10937.00	11137.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	10937.00	11137.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	10937.00	11137.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10937.00	11137.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	8783.00	12499.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	8783.00	12499.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8783.00	12499.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8783.00	12499.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	10937.00	11137.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10937.00	11137.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8783.00	12499.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8783.00	12499.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Congressional Agenda Millennium

**A.** Full Name (Last, First, Middle Initial)

Mrs. Janet Conn

Mailing Address 5804 Oak Lane

City State Zip Code  
 Minneapolis MN 55436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Best Efforts

Occupation  
Best Efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.4257

Amount of Each Receipt this Period

300.00

**B.** Full Name (Last, First, Middle Initial)

Mr. F K Curtis

Mailing Address 5789 Crystal Springs Drive NE

City State Zip Code  
 Bainbridge Island WA 98110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Best Efforts

Occupation  
Best Efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4304

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Dr. Ernest Epstein

Mailing Address 420 Edgewood Road

City State Zip Code  
 San Mateo CA 94402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4327

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Congressional Agenda Millennium

Full Name (Last, First, Middle Initial)

**A.** Mrs. Helen W Gjessing

Mailing Address Post Office Box 301844

City State Zip Code  
 St. Thomas VI 00803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Retired Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4322

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** Ms Sylvia Goodman

Mailing Address 280 Eldridge Avenue

City State Zip Code  
 Mill Valley CA 94941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Best Efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4328

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Mrs. Dorothy S Hines

Mailing Address Post Office Box 274

City State Zip Code  
 Warren VT 05674

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4323

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Congressional Agenda Millennium

Full Name (Last, First, Middle Initial)

**A.** Dr. Norman M Kaplan

Mailing Address 3831 Turtle Creek Blvd, Apt 20E

City State Zip Code  
 Dallas TX 75219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4326

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Mr. Richard Lightman

Mailing Address 226 West Cherry Circle

City State Zip Code  
 Memphis TN 38117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Best Efforts

Occupation  
 Best Efforts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4325

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Mr. Donald A Overton

Mailing Address 605 Bobbin Mill Road

City State Zip Code  
 Media PA 19063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 RET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.4255

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Congressional Agenda Millennium

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Leslie F Pomerantz  
Mailing Address 15 West 81st Street

City State Zip Code  
New York NY 10024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.4254

Amount of Each Receipt this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Neal Potter  
Mailing Address 6801 Brookville Road

City State Zip Code  
Chevy Chase MD 20815

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Public Official

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4324

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jesse Weiss  
Mailing Address 40 E 78th Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4311

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Congressional Agenda Millennium

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Donald M Wilson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address 4574 Province Line Road		<b>Transaction ID:</b> SA11A1.4252	
City Princeton	State NJ	Zip Code 08540	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Robert R Worth		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 1220 Park Avenue		<b>Transaction ID:</b> SA11A1.4309	
City New York	State NY	Zip Code 10128	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

750.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Agenda Millennium

Full Name (Last, First, Middle Initial)

**A.** Comcast

Mailing Address Post Office Box 196

City  
Newark

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
Internet Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4262

Date of Disbursement

/   /

Amount of Each Disbursement this Period

208.00

Full Name (Last, First, Middle Initial)

**B.** Comcast

Mailing Address Post Office Box 196

City  
Newark

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
Internet Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4270

Date of Disbursement

/   /

Amount of Each Disbursement this Period

208.00

Full Name (Last, First, Middle Initial)

**C.** DM Group

Mailing Address 201 Skipjack Road

City  
Prince Frederick

State  
MD

Zip Code  
20678

Purpose of Disbursement  
Mailing Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4266

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1594.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2010.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Agenda Millennium

Full Name (Last, First, Middle Initial)

**A.** Michael Eminescu

Mailing Address 37 Old South Road

City Nantucket State MA Zip Code 02554

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.4261

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

240.00

Full Name (Last, First, Middle Initial)

**B.** FedEx

Mailing Address 2874 Airport Business Road

City Memphis State TN Zip Code 33118

Purpose of Disbursement  
Mailing Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.4273

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

44.00

Full Name (Last, First, Middle Initial)

**C.** Nantucket Office Products

Mailing Address 98 Pleasant Street

City Nantucket State MA Zip Code 02554

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.4268

Date of Disbursement

06 / 08 / 2006

Amount of Each Disbursement this Period

160.00

**SUBTOTAL** of Disbursements This Page (optional) .....

444.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Agenda Millennium

Full Name (Last, First, Middle Initial)

## **A. Nantucket Office Products**

Mailing Address 98 Pleasant Street

City  
Nantucket

State  
MA

Zip Code  
02554

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4272

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

## **B. O Street Associates**

Mailing Address 3220 N Street

City  
Washington

State  
DC

Zip Code  
20007

Purpose of Disbursement  
Mailing and Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4267

Date of Disbursement

04 / 22 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

## **C. Verizon**

Mailing Address Box 1

City  
Worcester

State  
MA

Zip Code  
01654

Purpose of Disbursement  
Telephone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4264

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

229.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4389.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Agenda Millennium

Full Name (Last, First, Middle Initial)

**A.** Verizon

Mailing Address Box 1

City  
Worcester

State  
MA

Zip Code  
01654

Purpose of Disbursement  
Telephone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4269

Date of Disbursement

/   /

Amount of Each Disbursement this Period

62.00

Full Name (Last, First, Middle Initial)

**B.** Verizon

Mailing Address Box 1

City  
Worcester

State  
MA

Zip Code  
01654

Purpose of Disbursement  
Telephone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4274

Date of Disbursement

/   /

Amount of Each Disbursement this Period

242.00

Full Name (Last, First, Middle Initial)

**C.** Miss Isabella K Wagley

Mailing Address 1 Olive Street

City  
Brighton

State  
MA

Zip Code  
02135

Purpose of Disbursement  
Computer Entry

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4259

Date of Disbursement

/   /

Amount of Each Disbursement this Period

267.00

**SUBTOTAL** of Disbursements This Page (optional) .....

571.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Agenda Millennium

Full Name (Last, First, Middle Initial)

**A.** Miss Isabella K Wagley

Mailing Address 1 Olive Street

City  
Brighton

State  
MA

Zip Code  
02135

Purpose of Disbursement  
Computer Entry

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4265

Date of Disbursement

/   /

Amount of Each Disbursement this Period

170.00

Full Name (Last, First, Middle Initial)

**B.** Mr. David Wakefield

Mailing Address 39-12 48th Street

City  
Sunnyside

State  
NY

Zip Code  
11104

Purpose of Disbursement  
Computer Assistance and Programming

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4271

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1082.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1252.00

**TOTAL** This Period (last page this line number only) .....

8666.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 / 16

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Congressional Agenda Millennium

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
O Street Associates

Nature of Debt (Purpose):  
List rental management and  
consulting.

Mailing Address 3220 N Street

City State ZIP Code  
Washington DC 20007

Outstanding Balance Beginning This Period

27565.00

Transaction ID: SD10.4128

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27565.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

27565.00

2) **TOTALS** This Period (last page this line number only)..... ▶

27565.00

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶